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PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032  
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<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION</b> <b>(37 CFR 1.63)</b>  <input type="checkbox"/> Declaration Submitted With Initial Filing <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	<b>Attorney Docket Number</b>	PU030138
	<b>First Named Inventor</b>	Mark Gilmore Mears et al.
	<b>COMPLETE IF KNOWN</b>	
	<b>Application Number</b>	/
	<b>Filing Date</b>	
	<b>Group Art Unit</b>	
	<b>Examiner Name</b>	

**As a below named inventor, I hereby declare that:**

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**METHOD AND APPARATUS FOR CONTROLLING AN EXTERNAL DEVICE BY REMAPPING KEYS ON A USER INPUT DEVICE**

the specification of which *(Title of the Invention)*

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) **May 4, 2004** as United States Application Number or PCT International

Application Number **PCT/US2004/013861** and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Country	Priority Not Claimed	Certified Copy Attached?	
					YES	NO
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
US 60/467,932	May 5, 2003	

[Page 1 of 2]

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PTO/SB/01 (10-00)

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## DECLARATION — Utility or Design Patent Application

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<b>Name</b>	JOSEPH S. TRIPOLI				
<b>Address</b>	THOMSON LICENSING INC.				
<b>Address</b>	PO Box 5312				
<b>City</b>	PRINCETON		<b>State</b>	NJ	
			<b>ZIP</b>	08543-5312	
<b>Country</b>	USA		<b>Telephone</b>	609-734-6813	
			<b>Fax</b>	(609) 734 - 6888	
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>					
<b>NAME OF SOLE OR FIRST INVENTOR:</b>			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
<b>Given Name</b>	MARK GILMORE		<b>Family Name or Surname</b>	MEARS	
<b>Inventor's Signature</b>	<i>Mark Gilmore Mears</i>			<b>Date</b>	5-24-2004
<b>Residence: City</b>	Zionsville	<b>State</b>	Indiana	<b>Country</b>	US
<b>Citizenship</b>	US				
<b>Mailing Address</b>					
Mailing Address 6514 Hyde Park Drive					
<b>City</b>	Zionsville	<b>State</b>	Indiana	<b>ZIP</b>	46077-8258
				<b>Country</b>	US
<b>NAME OF SECOND INVENTOR:</b>			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
<b>Given Name</b>	CHAD ANDREW		<b>Family Name or Surname</b>	LEFEVRE	
<b>Inventor's Signature</b>	<i>Chad Andrew Lefevre</i>			<b>Date</b>	5/21/2004
<b>Residence: City</b>	INDIANAPOLIS	<b>State</b>	INDIANA	<b>Country</b>	US
<b>Citizenship</b>	US				
<b>Mailing Address</b>					
Mailing Address 8707 Arbor Lake Drive, #1526					
<b>City</b>	INDIANAPOLIS	<b>State</b>	INDIANA	<b>ZIP</b>	47268
				<b>Country</b>	US
<input checked="" type="checkbox"/> Additional Inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					

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**DECLARATION****ADDITIONAL INVENTOR(S)**  
**Supplemental Sheet**  
Page 1 of 1

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
AARON HAL		DINWIDDIE	
Inventor's Signature <i>Aaron Hal Dinwiddie</i>		Date <i>5-26-04</i>	
Residence: City Cicero	State Indiana	Country US	Citizenship US
Mailing Address			
Mailing Address 1075 Bear Cub Drive			
City Cicero	State Indiana	ZIP 46034	Country US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
ERIC STEPHEN		CARLSGAARD	
Inventor's Signature <i>Eric Stephen Carlsgaard</i>		Date <i>5-24-2004</i>	
Residence: City Zionsville	State Indiana	Country US	Citizenship US
Mailing Address			
Mailing Address 6775 Woodcliff Circle			
City Zionsville	State Indiana	Zip 46077	Country US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
JOSEPH WAYNE		FORLER	
Inventor's Signature <i>Joseph Wayne Forler</i>		Date <i>5/18/04</i>	
Residence: City Zionsville	State Indiana	Country US	Citizenship US
Mailing Address			
Mailing Address 1112 Foxglove Court			
City Zionsville	State Indiana	Zip 46077	Country US

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PTO/SB/81 (11-04)

Approved for use through 11/30/2005. OMB 0651-0035  
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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM****Application Number****Filing Date****First Named Inventor**

MARK GILMORE MEARS et al.

**Title**METHOD AND APPARATUS FOR CONTROLLING AN  
EXTERNAL DEVICE BY REMAPPING KEYS ON A USER  
INPUT DEVICE**Art Unit****Examiner Name****Attorney Docket Number**

PU030138

I hereby appoint:

**Customer Number 24498**☒ Practitioners at Customer Number**OR**☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number:**OR**☐ The address associated with Customer Number:**OR**☒ Firm or  
Individual Name

Joseph S. Tripoli, Patent Operations

**Address**

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**State**

NJ

**ZIP**

08543-5312

**Country**

USA

**Telephone**

609-734-6834

**Fax**

609-734-6888

I am the:

☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.

Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

**SIGNATURE of Applicant or Assignee of Record****Name**

Robert B. Levy, Reg. No. 28,234

**Signature****Date**

10/24/05

**Telephone**

609-734-6811

**NOTE:** Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.☐ \*Total of \_\_\_\_\_ forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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We,

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46, Quai A. Le Gallo  
F-92100 Boulogne-Billancourt  
France

do hereby grant

Joseph S. Tripoli  
Senior Vice President  
Thomson Licensing Inc.  
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Princeton, New Jersey 08540

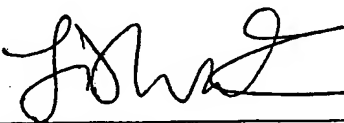
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DATED this 7 day of July, in the year 2005.

Signature:

Typed Name As Signed:

Title:

  
\_\_\_\_\_  
Julian Waldron  
President

**POWER OF ATTORNEY**  
**THOMSON LICENSING**

THOMSON LICENSING  
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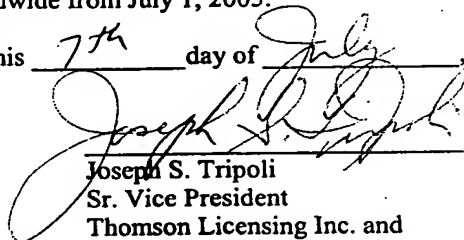
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DATED this 7<sup>th</sup> day of July, 2005.

SIGNED

  
Joseph S. Tripoli  
Sr. Vice President  
Thomson Licensing Inc. and  
Attorney In Fact for  
THOMSON LICENSING

WITNESS

David Fournier